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**APPLICANTS**

Lawrence J. Bernstein, Honeoye Falls, NY;  
 Yongchun Lee, Rochester, NY;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 02/13/2002**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

Milton S. Sales  
 Patent Legal Staff  
 Eastman Kodak Company  
 343 State Street  
 Rochester ,NY 14650-2201

**TITLE**

Vertical black line removal implementation

FILING FEE RECEIVED 1506	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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